



In Re PATENT APPLICATION OF

Atty. Dkt.: 31978-202807

PATENT TRADEMARK OFFICE

**September 13, 2004**

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## MAIL STOP MISSING PARTS

Sir:

In response to the Notice to File Missing Parts dated July 12, 2004, submitted herewith are the following:

- Amendment in Response to Notice to File Missing Parts of Nonprovisional Application;
- Supplemental Application Data Sheet;
- Declaration executed by Kevin GARDNER on September 2, 2004; and copy of Declaration executed by Wendy Jo FREEBORN on September 2, 2004;
- Formal Drawings (9 sheets of drawings, Figures 1, 2, 3A-3B, 4-7, 8A-8B); and

Applicants: Kevin L. GARDNER et al.  
Appl. No. 10/822,140

- Copy of Notice to File Missing Parts of Nonprovisional Application.

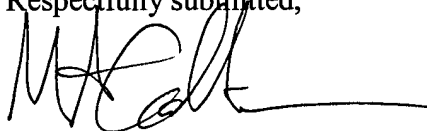
**Official fees:**

Basic filing fee	\$ 770.00
Surcharge for late submission of Inventor Declaration	\$ 130.00
Additional claims fee (3 additional claims @\$18 each)	\$ 54.00
Independent claims fee (2 additional independent claims @\$86 each)	\$ 172.00

**Total fees enclosed:       \$ 1126.00**

Should no remittance be attached, or should any greater or lesser fee be required, please charge or credit our Deposit Account No. 22-0261 and advise us accordingly.

Respectfully submitted,



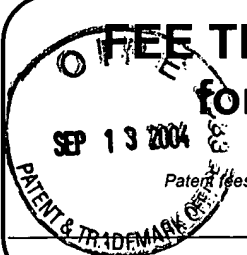
Michael A. Gollin  
Registration No. 31,957

Date: September 13, 2004

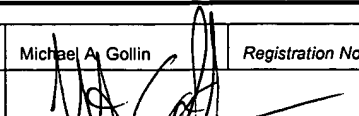
VENABLE LLP  
P.O. Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4072  
Telefax: (202) 962-8300

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small;">Patent fees are subject to annual revision.</p>	<b>Complete if Known</b>	
	Application Number	10/822,140
	Filing Date	April 12, 2004
	First Named Inventor	Kevin L. GARDNER
	Examiner Name	To Be Assigned
	Group / Art Unit	1645
Attorney Docket No.		31978-202807
TOTAL AMOUNT OF PAYMENT (\$)		1126.00

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span></p> <p>Deposit Account Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 770.00)</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th></th> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>-20 **</td> <td></td> <td></td> <td>Extra Claims 3 X Fee from below 18 =</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-3 **</td> <td></td> <td></td> <td>2 X 86 =</td> <td>172</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X =</td> <td>0</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 226.00)</b></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	770.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$ 770.00)</b>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	Total Claims	23	-20 **			Extra Claims 3 X Fee from below 18 =	54	Independent Claims	5	-3 **			2 X 86 =	172	Multiple Dependent					X =	0	<b>SUBTOTAL (2)</b>					<b>(\$ 226.00)</b>	<p><b>3. 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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Michael A. Gollin	Registration No. Attorney/Agent	31,957	Telephone	(202) 344-4075
Signature				Date	September 13, 2004

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